

# MQAC CASE MANAGEMENT TEAM ASSESSMENT

Wednesday CMT – Telephonic Assessment

Respondent: Hammond, George S.

Case Number: 2011-152805

Date: <u>1-19-11</u>	Staff Attorney: <u>Berg</u>	Clerk:
Panel Chair: <u>Brautner</u>	Cullen, Anderson, Brautner, Burger, Clower, Concannon, Elders, Green, Johnson, Pattison, Tobin Dore, Gotthold, Harter, Harvey, Hensley, Hopkins, Page, Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	<u>Jansen, Teeter, Dr. Hays, Smith, Kitter, Newman, Kramer, Bucci</u> <u>Farrell, Bahn, Berg, Caille, Harris, McLaughlin</u> <u>mager, Matthews</u>	

## A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input checked="" type="checkbox"/> BT6 - If allegations are true, no violation of law occurred	Further explanation (if any):	

**B. SCOPE OF INVESTIGATION AUTHORIZED:** ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes: \_\_\_\_\_

**C. PRIORITY** ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

**D. SEXUAL MISCONDUCT CASES:** Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

## E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3- Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation:	

# GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> <li>Respondent died.</li> <li>Other circumstances (explain): _____</li> </ul>
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> <li>Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision.</li> <li>includes situations where the investigator was unable to obtain all material evidence.</li> <li>Despite the evidence, the alleged misconduct does not constitute a UDA violation.</li> </ul>
A-7	Mistaken identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guidedclosecode revised pjh0521-2010

**MQAC REVIEW**  
**Case Number: 2011-152805**

Date: January 12, 2011  
Presented by: **George Heye, MD**

<b>Respondent:</b>	<b>HAMMOND, GEORGE STEVE, MD</b>	<b>Snohomish County</b>
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<b>Complainant:</b>	Mr. <small>3 - Identify - Whistleblow...</small>
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**CASE SUMMARY**

**The Respondent:**

Board Certified:	INTERNAL MEDICINE Certificate: INTERNAL MEDICINE Certificate: ENDOCRINOLOGY AND METABOLISM
DOB:	07-06-1951
Licensed since:	05-17-1988
Expiration date:	07-06-2011
Medical School:	1983—U of Texas; Galveston, TX
Residency:	07/1983—06/1988—U of CA at Davis Med Ctr; CA— INTERNAL MEDICINE

**The Complainant:** A patient

**Malpractice Settlement:** N/A.

**The Complaint:** In 2009 the complainant was approved for medicinal use of marijuana. He was subsequently placed on one year community supervision in Benton county. The respondent DOC physician informed the complainant that he could not use the approval card any longer. The complainant says that the respondent has never seen or examined him so for him to take the action he did boards on malpractice.

**RCM Review**

**Prior Cases:**

**2009-135141** – A DOC inmate complains that the pain from his Osgood-Schlatter's disease has been inadequately addressed and treated. He also complains that he has not been offered an alternative to milk and eggs which he says he is intolerant to. He feels he should be provided soymilk and tofu and that he should be evaluated by a dietician.

***Closed Below Threshold (not investigated).***

**2010-146659** – The mother of a DOC Inmate writes that on April 1, 2010 her son underwent shoulder surgery for bone cancer (osteosarcoma). The patient apparently had some post operative drainage that was culture positive for MRSA. The patient was initially treated with clindamycin but then that was stopped when it was found that the MRSA was resistant. The patient was then not treated with another antibiotic. Also she says her son was never told that he had an MRSA infection. The patient also is suffering from severe abdominal pains which the medical staff attributes to indigestion. The mother thinks that the pains may be related to the MRSA spreading to her son's abdominal organs.

The mother says that her son had had MRSA infections in the past, prior to the April 1<sup>st</sup> surgery but that the medical staff did not do cultures on him before the surgery to see if he still had MRSA.

Respondent 659 is named because he is the Medical Director of DOC. Respondent 660 is the Medical Director of the facility where the patient is confined. 661 is the doctor who discontinued the clindamycin and told the patient he did not need additional antibiotics. 662 is the shoulder surgeon who did not do any pre-operative MRSA screening. Respondent 663 is a DOC staff practitioner who noted that the patient's culture came back positive for MRSA but then made no other comment or plan to address the issue.

***Closed NCFA.***

**2010-149674** – An inmate writes that the DOC will not approve surgery for a Dupuytren's type contracture of the small finger of his left hand. The patient has been diagnosed with post polio syndrome involving his right arm. He was evaluated by an orthopedic specialist in December 09 who indicated that the options for the left hand were to do nothing or to do surgery but in any case there was no rush to do anything. The DOC CRC committee in February 2010 decided that the inmate's condition did not meet medical necessity as defined in the DOC Offender Health Plan. The complainant encloses, among others, the orthopedic consultation as well as letters that went between his attorney and the respondent DOC medical director.

***Closed No Jurisdiction (not investigated).***

**Recommendation:**

Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/

Panel Members/

Decision:

**MQAC CMT - JANUARY 19, 2011**

Richard Brantner, MD, - Chair

Ellen Harder, PA-C

Judy Page, JD, Public Member

Mike Concannon, JD, Public Member

**DECISION: CLOSED PRIOR TO INVESTIGATION**

Case No.:

2011-152805

The attached pages were reviewed:

239-244

**MQAC REVIEW**  
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Date: January 12, 2011

Presented by: George Heye, MD

<b>Respondent:</b>	<b>HAMMOND, GEORGE STEVE, MD</b>	<b>Snohomish County</b>
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<b>Complainant:</b>	Mr. <small>3 - Identity - Whistleblower r...</small>
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**Closed No Jurisdiction (not investigated).**

**Recommendation:**

**Hamilton, Cindy (DOH)**

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**From:** Kelley, Terrie L (DOH)  
**Sent:** Wednesday, January 12, 2011 3:08 PM  
**To:** Hamilton, Cindy (DOH)  
**Subject:** FW: Attached Image  
**Attachments:** 2778\_001.pdf

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Wrong attachment, sorry.

*Terrie Kelley*

Washington State Dept. of Health  
Office of Customer Service  
Complaint Intake Specialist  
PO Box 47857  
Olympia WA 98504-7867  
360-236-4715  
360-236-2626 fax  
Complaint Intake email address: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)  
[www.doh.wa.gov/hsqa](http://www.doh.wa.gov/hsqa)

*~ Public Health ~*

*~ Always working for a Safer and Healthier Washington ~*

**From:** [canon.copier@doh.wa.gov](mailto:canon.copier@doh.wa.gov) [mailto:[canon.copier@doh.wa.gov](mailto:canon.copier@doh.wa.gov)]  
**Sent:** Wednesday, January 12, 2011 2:39 PM  
**To:** Kelley, Terrie L (DOH)  
**Subject:** Attached Image





Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

2011 JAN 11 9 52

## Complaint Form

RECEIVED

JAN 10 2011

COMPLAINT INTAKE  
UNIT

Today's Date: Jan.4th 2010

## 1. Your Information

Name: 3 - Identity - Whistl...

Address: 3 - Identity - Whistleblower reg...

City: 3 - Identity - W...

State: 3 - ...

Zip: 3 - Ide...

Phone: Work ( ) - Home ( 3 - Identity - Whistle... )

## 2. Information about the Facility or Health Care Professional

Type of facility or profession: Dept. of Corrections

Name of facility or professional:

Address: P.O. Box 41125

City: Olympia

State: WA

Zip: 98504-1126

## 3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient) Jan. 27th 1968

Date of incident:

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.2626, or mail to:

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

3 - Identity - Whistle... was approved for Medicinal use of Marijuana by CPR medical out of Spokane WA. in 2009.

Mr. 3-1... got into some trouble with his girlfriend and was placed on one year community supervision in Benton County WA.

The doctor for the department of corrections out of Olympia WA. Has informed Mr. 3-... he can not use this card any more.

The doctors name is--Dr. Hammon, Who has not seen Mr. 3-... in any form what so ever. This action was also reviewed and placed into enforcement by Anmarie Aylward assistant secretary Phone number 1-360-725-8796

My complaint is this--How can a lic. M.D. in the State of Washington make any type of diagnosis on any person with out at first seeing the person.

Mr. 3-... has never seen this doctor and for this doctor to make any type of diagnosis on anyone with out seeing the person or with out the person's consent, seems to at least boarder on medical mal-practice.

Mr. 3-... has had a metal disk placed into his neck, with more to follow and for this Doctor and Ms. Aylward to make any type of diagnosis falls far out of the realm.

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075

Rem WA

For Department of Health use only

Reviewed for multiple authority applications: Date \_\_\_\_\_ Name \_\_\_\_\_  
Routed to: Multi-authority coordinator: \_\_\_\_\_ date \_\_\_\_\_  
Office \_\_\_\_\_ date \_\_\_\_\_  
Office \_\_\_\_\_ date \_\_\_\_\_  
Office \_\_\_\_\_ date \_\_\_\_\_

3 - Identity - Whistleblower regarding...

PASCO WA 993

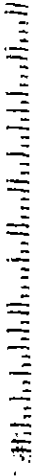
06 JAN 2011 PM 1 L



HEALTH SYSTEMS  
PO BOX 47857  
Olympia WA.

98504-2857

985042857



**Case View Screen** [update]

Case	2011-152805 (PUBLIC)	Date Created	01/12/2011	<b>Audit</b> Entry Items Documents Notes Master Cases <b>Participants</b> Add Master Case Timeline History
Status	Assessment	Date Received	01/12/2011	
Respondent ID	448352	How Received	Email	
Respondent	GEORGE STEVEN HAMMOND	Receiving Board	COMMISSION	
Credential	MD.MD.00025487	Receiving Profession	Physician And Surgeon License	
Complainant ID	978798	Receiving Department	Case Intake	
Complainant	3 - Identity - Whis...	Received ByC	ynthia R Hamilton	
		<b>Alleged Issues</b>		
		Filing False Reports or Falsifying Records		
		Patient Care		
		<b>Case Nature</b>		
		Standard of Care/Services		

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
------	----------	-----------------	----------------	---------------	---------	-----	------

**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Case Management	<b>Found Issues</b> none <b>Resolution</b> none
Worker: Cynthia R Hamilton	
Date Closed:	

**Resolution Notes:****Current HIPDB Reports**

**Type** **Submission Date** **Status** **DCN** **Case ID**

No HIPDB Reports found for this credential.

**Action Items** [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
<b>Present</b>	Case Management, Hamilton, Cynthia R			01/12/2011			01/12/2011	Hamilton, Cynthia R
for <b>Assessment</b>								
Target: GEORGE STEVEN HAMMOND, MD.MD.00025487								
Case Status: Status Changed To: Assessment								
<b>Intake</b>	Case Intake, Hamilton, Cynthia R			01/12/2011	01/12/2011		01/12/2011	Hamilton, Cynthia R
Target: GEORGE STEVEN HAMMOND								
<b>Warning:</b> Warning Type: CASE PENDING								
Warning Effective Date: 01/12/2011								
Suppress License Print: NO								
Case Status: Status Changed To: Intake								
<b>Action Info:</b> Complaint Source Patient/Client/Resident								
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								



## AMA Physician Profile

### **Name and Mailing Address:**

GEORGE STEVEN HAMMOND MD

1 - DOH Licensee Heal...

### **Primary Office Address:**

7345 LINDERSON WAY SW  
TUMWATER WA 98501-6504

**Phone:** 1-360-725-8700

**Birthdate:** 07/06/1951

**Birthplace:** AMES, IA UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** ADMINISTRATION

### **Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** ENDOCRINOLOGY, DIABETES & METABOLISM

**Secondary Specialty:** INTERNAL MEDICINE

\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

**AMA membership:** MEMBER

\_\_\_\_\_ **All Information from this Point Forward is Provided by the Primary Source** \_\_\_\_\_

### **Current and/or Historical Medical School:**

UNIV OF TX MED BRANCH GALVESTON, GALVESTON TX 77550

**Degree Awarded:** Yes

**Degree Year:** 1983



## AMA Physician Profile

### Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** UNIV CA DAVIS MED CTR  
**Specialty :** INTERNAL MEDICINE

**State:** CALIFORNIA  
07/1983 - 06/1984  
(VERIFIED)

**Institution:** UNIV CA DAVIS MED CTR  
**Specialty :** INTERNAL MEDICINE

**State:** CALIFORNIA  
07/1984 - 06/1986  
(VERIFIED)

**Institution:** UNIV CA DAVIS MED CTR  
**Specialty :** INTERNAL MEDICINE

**State:** CALIFORNIA  
07/1986 - 06/1988  
(VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

### Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	05/17/1988	07/06/2011	ACTIVE	UNLIMITED	01/04/2011
CALIFORNIA	MD	07/02/1984	07/31/1989	INACTIVE	UNLIMITED	12/15/2010

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.



## AMA Physician Profile

### Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1255364618	07/09/2006	NOT RPTD	NOT RPTD	NOT RPTD	05/03/2010

### ECFMG Certification:

#### **Applicant Number:**

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

### Federal Drug Enforcement Administration:

\* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX514	22N 33N 4 5	10/31/2011	12/13/2010

Address:

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

### Specialty Board Certification(s)\*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** AMERICAN BOARD OF INTERNAL MEDICINE

**Certificate:** ENDOCRINOLOGY AND METABOLISM

**Certificate Type:** SUB-SPECIALTY

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	11/07/1989		INITIAL	01/06/2011



## AMA Physician Profile

**Certifying Board:** AMERICAN BOARD OF INTERNAL MEDICINE

**Certificate:** INTERNAL MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	09/10/1986		INITIAL	01/06/2011

**Note:** For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800- 665-2882  
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.



**Credential View Screen**

**GEORGE STEVEN HAMMOND**

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

GEORGE STEVEN HAMMOND

1 - DOH Licensee ...

ID 448352  
 Warnings  
 SSN/FEIN  
 Contact Standing  
 Contact Type  
 Birth Date  
 Public File  
 Mailing List  
 Legacy Licensure Name HAMMOND, GEORGE STEVEN

Contact  
 Audit  
 Public Cases  
 Cont. Edu  
 Documents  
 Owned By/Key Mgmt  
 Exams  
 Experience  
 Notes  
 Schools  
 Supervises  
 SupervisedBy  
 Legacy  
 Librarian  
 Application  
 Other State License

2010-14674  
 NO Jun

Comments: ADS CHG 5/6/04 JDH

**Physician And Surgeon License [form letter]**

Credential # MD.MD.00025487  
 Legacy License # MD00025487  
 Application Date  
 Effective Date 05/28/2009  
 Expiration Date 07/06/2011  
 First Issuance Date 05/17/1988  
 Last Date Of Contact  
 CE Due Date 07/06/2013

Credential Status ACTIVE (06/02/2009)  
 Status Reason ACTIVE  
 Amount Due \$0.00  
 Date Last Activity 9/24/2010 12:07:51 PM  
 Last Updated by Mihelich, Joe D  
 Certificate Sent Date 06/02/2009  
 Work Queue LEGACYDATA, DOH

Audit  
 Documents  
 Workflow  
 Key Mgmt  
 Fees  
 Notes  
 Print Docs  
 Comp. Audit  
 Renewal  
 Legacy

Comments: ADS CHG 5/6/04 JDH

Supervises User Defined License Data Legacy HIPDB

[update]

Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
YELENA BRUKHIS	PA.PA.10005208	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE
NAJIBULLAH S STOMAN	PA.PA.10001570	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE IN RENEWAL

2011-152805

5087332

**Complainant View for 2011-152805** [back]

<input type="text" value="3 - Identity - Whistle..."/>	ID	978798
<b>[change address]</b>	Contact Standing	Living
<input type="text" value="3 - Identity - Whistleblower regardin..."/>	DOB:	<input type="text" value="3 - Identity - Whistle..."/>
	Phone #	
	SSN/FEIN	
	Public File	YES
	Mailing List	
	Contact Type	ENFORCEMENT ENTRY

Comments:

**Credentials**

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
No Credentials on File						

[Update Contact](#)[Change Contact](#)

## **NOTICE**

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

## **NOTICE**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

January 20, 2011.

3 - Identity - Whistleblower regardi...

COPY

RE: George S. Hammond, MD  
Case No.: 2011-152805MD; Credential No.: MD00025487

Dear Mr. [REDACTED]:

Thank you for your recent letter in which you expressed concerns regarding an allegation of unprofessional conduct.

A panel of the Medical Quality Assurance Commission reviewed the issues raised in your report and determined they do not meet the criteria established for cases which are to be investigated. As a result, this case has been closed.

You may want to contact another organization for assistance; therefore, enclosed is a list of the medical societies located throughout the state of Washington. Medical Societies attempt to resolve disputes between their member physicians and patients who have concerns. Dr. Hammond will also be advised as required by law that this report has been closed. However, your identity will not be revealed.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360)236-2770 or contact me by email at [jim.smith@doh.wa.gov](mailto:jim.smith@doh.wa.gov).

Sincerely,

JAMES H. SMITH, Chief Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

Enclosure: Medical Societies Listing





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

January 20, 2011

George S. Hammond, MD

1 - DOH Licensee H...

COPY

RE: George S. Hammond, MD  
Case No.: 2011-152805MD; Credential No. MD00025487

Dear Dr. Hammond:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

**You have the right to request any information contained in the file. However, please note that the state whistleblower law, RCW 43.70.075, prohibits disclosure of the complainant's identity in cases where a whistleblower waiver has not been obtained. Consequently, any information you might obtain through a public disclosure request would not contain specific details of the complaint. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171.**

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.0-95 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the file and will be provided in response to any public disclosure request.

If you have any questions, please call me at (360)236-2770, or contact me by email at [jim.smith@doh.wa.gov](mailto:jim.smith@doh.wa.gov).

Sincerely,

JAMES H. SMITH, Chief Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866



**Hamilton, Cindy (DOH)**

---

**From:** Kelley, Terrie L (DOH)  
**Sent:** Wednesday, January 12, 2011 3:08 PM  
**To:** Hamilton, Cindy (DOH)  
**Subject:** FW: Attached Image  
**Attachments:** 2778\_001.pdf

Wrong attachment, sorry.

*Terrie Kelley*

Washington State Dept. of Health

Office of Customer Service

Complaint Intake Specialist

PO Box 47857

Olympia WA 98504-7867

360-236-4715

360-236-2626 fax

Complaint Intake email address: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

[www.doh.wa.gov/hsqa](http://www.doh.wa.gov/hsqa)

*~ Public Health ~*

*~ Always working for a Safer and Healthier Washington ~*

**From:** [canon.copier@doh.wa.gov](mailto:canon.copier@doh.wa.gov) [<mailto:canon.copier@doh.wa.gov>]

**Sent:** Wednesday, January 12, 2011 2:39 PM

**To:** Kelley, Terrie L (DOH)

**Subject:** Attached Image



Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

2011 JAN 10 9:52

## Complaint Form

RECEIVED

JAN 10 2011

COMPLAINT INTAKE  
UNIT

Today's Date: Jan. 4th 2010

### 1. Your Information

Name:

Address:

City:

State:

Zip:

Phone: Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home (  ) \_\_\_\_ - \_\_\_\_

### 2. Information about the Facility or Health Care Professional

Type of facility or profession: Dept. of Corrections

Name of facility or professional: \_\_\_\_\_

Address: P.O. Box 41125

City: Olympia

State: WA

Zip: 98504-1126

### 3. Resident/Guest/Patient Information

Full Name (if different than above) \_\_\_\_\_

Date of Birth (of patient, if complaint involves a patient) Jan. 27th 1968

Date of incident: \_\_\_\_\_

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov), or fax to 360.236.2626, or mail to:

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

3 - Identity - Whistlebl... was approved for Medicinal use of Marijuana by CPR medical out of Spokane WA. in 2009.

Mr. 3-1... got into some trouble with his girlfriend and was placed on one year community supervision in Benton County WA.

The doctor for the department of corrections out of Olympia WA. Has informed Mr. 3-1... he can not use this card any more.

The doctors name is--Dr.Hammon, Who has not seen Mr. 3-1... in any form what so ever. This action was also reviewed and placed into enforcement by Anmarie Aylward assistant secretary Phone number 1-360-725-8796

My complaint is this--How can a lic. M.D. in the State of Washington make any type of diagnosis on any person with out at first seeing the person.

Mr. 3-1... has never seen this doctor and for this doctor to make any type of diagnosis on anyone with out seeing the person or with out the person's consent, seems to at least boarder on medical mal-practice.

Mr. 3-1... has had a metal disk placed into his neck,with more to follow and for this Doctor and Ms. Aylward to make any type of diagnosis falls far out of the realm.

3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075

Rem. WA

**For Department of Health use only**

Reviewed for multiple authority applications: Date \_\_\_\_\_ Name \_\_\_\_\_

Routed to: Multi-authority coordinator: \_\_\_\_\_ date \_\_\_\_\_

Office \_\_\_\_\_ date \_\_\_\_\_

Office \_\_\_\_\_ date \_\_\_\_\_

Office \_\_\_\_\_ date \_\_\_\_\_



3 - Identity - Whistleblower regarding health care provider ...

PASCO WA 993

06 JAN 2011 PM 1 L



HEALTH Systems

PO Box 47857

Olympia WA.

98504-2857

985042857



Redaction Summary ( 41 redactions )

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3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" ( 4 instances )
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )
- 3 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" ( 36 instances )

Redacted pages:

- Page 3, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 6, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 9, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 6 instances
- Page 10, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 7 instances
- Page 11, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 12, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 13, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 15, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 17, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 17, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 18, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 3 instances
- Page 20, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 21, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 23, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 6 instances
- Page 24, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 7 instances
- Page 25, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance